

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: HOSHINO et al.  
 Docket: 12844.0053US01  
 Title: SWITCHING POWER SUPPLY UNIT AND CONTROLLER IC THEREOF

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| CERTIFICATE UNDER 37 CFR 1.10<br>'Express Mail' mailing label number: EV 321727389 US<br>Date of Deposit: November 12, 2003<br>I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.<br><br>By: <u>Teresa Anderson</u><br>Name: Teresa Anderson |
|--|

22387 U.S. PTO  
 10/712159



Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 26 pgs; 5 claims; Abstract 1 pgs.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 4 sheets of formal drawings
- ☒ Certified copy of a Japanese application, Serial No. 2002-331092, filed November 14, 2002, the right of priority of which is claimed under 35 U.S.C. 119
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to ROHM CO., LTD., Recordation Form Cover Sheet
- ☒ A check in the amount of \$770.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Information Disclosure Statement, Form 1449, 1 reference(s).
- ☒ Return postcard

**CLAIMS AS FILED**

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee             |
|------------------------------|---|---------------|---|--------------|---|-------|---|-----------------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$770.00        |
| Total Claims                 |   |               |   |              |   |       |   |                 |
| 5                            | - | 20            | = | 0            | x | 18.00 | = | \$0.00          |
| Independent Claims           |   |               |   |              |   |       |   |                 |
| 2                            | - | 3             | = | 0            | x | 86.00 | = | \$0.00          |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00          |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | <b>\$770.00</b> |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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